

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NEW YORK

Case number (if known)

Chapter 11 Check if this an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>Mediquip, Inc.</u>		
2. All other names debtor used in the last 8 years	Include any assumed names, trade names and <i>doing business as</i> names		
3. Debtor's federal Employer Identification Number (EIN)	<u>30-0739572</u>		
4. Debtor's address	<b>Principal place of business</b>	<b>Mailing address, if different from principal place of business</b>	
	<u>280 Broadway, Suite D Bethpage, NY 11714-3716</u>	Number, Street, City, State & ZIP Code	
	<u>Nassau</u>	P.O. Box, Number, Street, City, State & ZIP Code	
	County	<b>Location of principal assets, if different from principal place of business</b>	
		Number, Street, City, State & ZIP Code	
5. Debtor's website (URL)			
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

Debtor

**Mediquip, Inc.**

Name

Case number (if known)

**7. Describe debtor's business**

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Railroad (as defined in 11 U.S.C. § 101(44))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 Clearing Bank (as defined in 11 U.S.C. § 781(3))  
 None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)  
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.**6216****8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- Chapter 7  
 Chapter 9

■ Chapter 11. Check all that apply:

- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
 The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
 A plan is being filed with this petition.  
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?** No. Yes.

If more than 2 cases, attach a separate list.

**Eastern District of New York**District  
DistrictWhen  
When

10/24/19

Case number  
Case number

8-19-77310-las

Debtor Mediquip, Inc.  
Name

Case number (if known) \_\_\_\_\_

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- No  
 Yes.

List all cases. If more than 1, attach a separate list

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. Why is the case filed in this district? Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.  
 A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

 No Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

## Why does the property need immediate attention? (Check all that apply.)

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
 What is the hazard? \_\_\_\_\_  
 It needs to be physically secured or protected from the weather.  
 It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).  
 Other \_\_\_\_\_

## Where is the property?

Number, Street, City, State &amp; ZIP Code

## Is the property insured?

 No Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information**

13. Debtor's estimation of available funds

## Check one:

- Funds will be available for distribution to unsecured creditors.  
 After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

 1-49  
 50-99  
 100-199  
 200-999 1,000-5,000  
 5,001-10,000  
 10,001-25,000 25,001-50,000  
 50,001-100,000  
 More than 100,000

15. Estimated Assets

 \$0 - \$50,000  
 \$50,001 - \$100,000  
 \$100,001 - \$500,000  
 \$500,001 - \$1 million \$1,000,001 - \$10 million  
 \$10,000,001 - \$50 million  
 \$50,000,001 - \$100 million  
 \$100,000,001 - \$500 million \$500,000,001 - \$1 billion  
 \$1,000,000,001 - \$10 billion  
 \$10,000,000,001 - \$50 billion  
 More than \$50 billion

16. Estimated liabilities

 \$0 - \$50,000 \$1,000,001 - \$10 million \$500,000,001 - \$1 billion

Debtor

Mediquip, Inc.

Name

Case number (*if known*)

\$50,001 - \$100,000  
 \$100,001 - \$500,000  
 \$500,001 - \$1 million

\$10,000,001 - \$50 million  
 \$50,000,001 - \$100 million  
 \$100,000,001 - \$500 million

\$1,000,000,001 - \$10 billion  
 \$10,000,000,001 - \$50 billion  
 More than \$50 billion

Debtor

Mediquip, Inc.

Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 31, 2021

MM / DD / YYYY

**X /s/ Sonia Carrero**

Signature of authorized representative of debtor

**Sonia Carrero**

Printed name

Title Chief Executive Officer

**18. Signature of attorney**

**X /s/ Heath S. Berger**

Signature of attorney for debtor

Date March 31, 2021

MM / DD / YYYY

**Heath S. Berger**

Printed name

**Berger, Fischoff, Shumer, Wexler & Goodman, LLP**

Firm name

**6901 Jericho Turnpike**

**Suite 230**

**Syosset, NY 11791**

Number, Street, City, State & ZIP Code

Contact phone 516-747-1136

Email address

hberger@bfslawfirm.com/gfischoff@bfslawfirm.com

**hb-7802 NY**

Bar number and State

Fill in this information to identify the case:

Debtor name **Mediquip, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**

Case number (if known): \_\_\_\_\_

 Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ADP Two Huntington Quadrangle Melville, NY 11747		Services				\$14,000.00
Amanda Ten/Occupational Ten Inc 100 South Fordham Road Hicksville, NY 11802		Loan				\$20,000.00
AmerisourceBergen Drug Corporation 1300 Morris Drive Wayne, PA 19087		Trade payables				\$8,444.53
Capital One P.O. Box 30281 Salt Lake City, UT 84130		Credit card				\$14,556.63
Concordance 60 Distribution Boulevard Edison, NJ 08817		Services/goods sold	Disputed			\$299,967.63
Erick Maisonave Maisonave Business Services 6863 108th Street, Apt. 1B Forest Hills, NY 11375		Services/goods sold	Disputed			\$10,000.00
Garfunkel Wild, P.C. 111 Great Neck Road, Suite 600 Great Neck, NY 11021		Services	Disputed			\$8,000.00

Debtor **Mediquip, Inc.**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Infiniti Medical Solutions LLC 50 Randolph Road Suite A2 Somerset, NJ 08873		Equipment rentals				\$51,398.00
Integrated Medical Systems Inc Frank J Ryan Attorney at Law PO Box 156 Oak Forest, IL 60452		Goods sold/property rental	Disputed			\$62,222.49
IRS Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346		Various taxes				\$34,083.03
McKesson Corporation 6555 State Highway 161 Irving, TX 75039		Goods sold	Disputed			\$53,353.77
Medline Industries Inc Three Lakes Drive Winnetka, IL 60093		Goods sold	Disputed			\$22,849.29
Neopost USA Inc. 478 Wheelers Farms Road Milford, CT 06461		Services				\$100.00
New York State Insurance Fund 8 Corporate Center Drive Melville, NY 11747		Insurance				\$5,000.00
NYS Department of Taxation & Finance Bankruptcy Unit-TCD Bldg 8 Room 455 Albany, NY 12227		Corp Taxes; Account nos.: XXXX2291 & XXXX3447				\$3,673.85
NYS Department of Taxation & Finance Bankruptcy Unit-TCD Bldg 8 Room 455 Albany, NY 12227		Withholding taxes				\$217.96
Saps Drug Wholesale Inc 651-55 Timpson Place Bronx, NY 10455		Goods sold				\$72,867.92

Debtor **Mediquip, Inc.**  
Name \_\_\_\_\_

Case number (*if known*) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
<b>Staples Inc. 500 Staples Drive Framingham, MA 01702</b>		<b>Goods sold</b>				<b>\$425.00</b>
<b>Triple Crown Respiratory Therapy PC 1226 West Broadway Suite L3 Hewlett, NY 11557</b>		<b>Goods sold</b>				<b>\$57,211.04</b>
<b>Twin Med 121 Enterprise Avenue S Secaucus, NJ 07094</b>		<b>Goods sold</b>	<b>Disputed</b>			<b>\$21,586.21</b>

**Fill in this information to identify the case:**Debtor name Mediquip, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Creditor's Name	Describe debtor's property that is subject to a lien	Column A Amount of claim	Column B Value of collateral that supports this claim
<b>2.1 Alpha Capital Source, Inc.</b>  734 West Broadway Woodmere, NY 11598  Creditor's mailing address	All property	<b>\$66,329.52</b>	<b>Unknown</b>
Creditor's email address, if known	Describe the lien <b>Naked UCC-1</b>		
Date debt was incurred <b>Prior to 10/19</b>	Is the creditor an insider or related party?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number	Is anyone else liable on this claim?  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
Do multiple creditors have an interest in the same property?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is: Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
<b>2.2 CHTD Company</b>  P.O. Box 2576 Springfield, IL 62708  Creditor's mailing address	All assets	<b>Unknown</b>	<b>Unknown</b>
Creditor's email address, if known	Describe the lien <b>Loan</b>		
Date debt was incurred <b>Prior to 10/19</b>	Is the creditor an insider or related party?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number	Is anyone else liable on this claim?  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply		

Debtor Mediquip, Inc.

Case number (if known) \_\_\_\_\_

 No Yes. Specify each creditor, including this creditor and its relative priority.

- Contingent  
 Unliquidated  
 Disputed

2.3 **De Lage Landen Financial Services, Inc.**

Creditor's Name

**111 Old Eagle School Road Wayne, PA 19087**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**Prior to 10/19**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Equipment subject to lease****Unknown****Unknown**

Describe the lien

**Loan**

Is the creditor an insider or related party?

 No Yes

Is anyone else liable on this claim?

 No Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- Contingent  
 Unliquidated  
 Disputed

2.4 **GFE NY, LLC dba Global Funding Experts**

Creditor's Name

**307 W. 38th Street Suite 1106 New York, NY 10018**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**Prior to 10/19**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$183,770.00****Unknown****All assets**

Describe the lien

**UCC-1**

Is the creditor an insider or related party?

 No Yes

Is anyone else liable on this claim?

 No Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- Contingent  
 Unliquidated  
 Disputed

2.5 **H.D. Smith Wholesale Drug Company, Inc.**

Creditor's Name

**d/b/a Amerisourcebergen Drug Corporation 1300 Morris Drive Wayne, PA 19087**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$8,444.57****Unknown****All assets**

Describe the lien

Debtor Mediquip, Inc.  
Name

Case number (if known) \_\_\_\_\_

**Unknown**

Is the creditor an insider or related party?

- No  
 Yes

Is anyone else liable on this claim?

- No  
 Yes. Fill out Schedule H: Codebtors (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Prior to 10/19

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- No  
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

- Contingent  
 Unliquidated  
 Disputed

2.6 **Reliable Fast Cash, LLC**

Creditor's Name

**262A Albany Avenue  
Brooklyn, NY 11213**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Prior to 10/19

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- No  
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$59,497.06**

Unknown

All assets

Describe the lien

**UCC-1**

Is the creditor an insider or related party?

- No  
 Yes

Is anyone else liable on this claim?

- No  
 Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- Contingent  
 Unliquidated  
 Disputed

2.7 **Swift Financial LLC**

Creditor's Name

**as servicing agent for Web  
Bank  
3505 Silverside Road  
Suite 200  
Wilmington, DE 19810**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Prior to 10/19

Last 4 digits of account number

**9572**

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

**\$39,044.30**

Unknown

All assets

Describe the lien

**Loan**

Is the creditor an insider or related party?

- No  
 Yes

Is anyone else liable on this claim?

- No  
 Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **Mediquip, Inc.**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

- No  
 Yes. Specify each creditor, including this creditor and its relative priority.  
 Contingent  
 Unliquidated  
 Disputed

<b>2.8</b> <b>Tru Capital</b> Creditor's Name <b>c/o Jacob Verstandig, Esq.</b> <b>1459 E, 13th Street</b> <b>Brooklyn, NY 11230</b> Creditor's mailing address	<b>Describe debtor's property that is subject to a lien</b> <b>All assets</b>  <b>Describe the lien</b> <b>Judgment</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	<b>\$118,000.00</b> <b>Unknown</b>
Creditor's email address, if known  <b>Date debt was incurred</b> <b>Prior to 10/19</b> <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
<b>2.9</b> <b>Unknown Company</b> Creditor's Name <b>c/o Corporation Service Company</b> <b>P.O. Box 2576</b> <b>Springfield, IL 62708</b> Creditor's mailing address		
Creditor's email address, if known  <b>Date debt was incurred</b> <b>Prior to 10/19</b> <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
<b>2.1</b> <b>Unkonwn Company</b> Creditor's Name <b>c/o Corporation Service Company</b> <b>P.O. Box 2576</b> <b>Springfield, IL 62708</b> Creditor's mailing address		
<b>Describe debtor's property that is subject to a lien</b> <b>All assets</b>  <b>Describe the lien</b> <b>Loan</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
<b>Unknown</b> <b>Unknown</b>		

Debtor Name	<b>Mediquip, Inc.</b>	Case number (if known)
Creditor's email address, if known		
Date debt was incurred		
<b>Prior to 10/19</b>		
Last 4 digits of account number		
Do multiple creditors have an interest in the same property?	Is the creditor an insider or related party?	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	
<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Yes	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
	As of the petition filing date, the claim is:	
	Check all that apply	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.	<b>\$475,085.45</b>	

#### **Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Alpha Capital Source Inc**  
Giuliano Law PC  
445 Broadhollow Road  
Suite 25  
Melville, NY 11747

Line 2.1

**AmerisourceBergen Drug Corporation**  
227 Washington Street  
Conshohocken, PA 19428

Line 2.5

**Jacob Verstandig, Esq.**  
1459 East 13th Street  
Brooklyn, NY 11230

Line 2.8

**Reliable Fast Cash LLC**  
Zachter PLLC  
2 University Plaza  
Suite 205  
Hackensack, NJ 07601

Line 2.6

Fill in this information to identify the case:

Debtor name **Mediquip, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

 No. Go to Part 2. Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		<b>Total claim</b>	<b>Priority amount</b>
2.1	Priority creditor's name and mailing address <b>IRS Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$34,083.03</b> <b>\$3,516.51</b>
	Date or dates debt was incurred <b>2017, 2018 \$ 2019</b>	Basis for the claim: <b>Various taxes</b>	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address <b>NYS Department of Taxation &amp; Finance Bankruptcy Unit-TCD Bldg 8 Room 455 Albany, NY 12227</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,673.85</b> <b>\$3,173.85</b>
	Date or dates debt was incurred <b>2012 &amp; 2014</b>	Basis for the claim: <b>Corp Taxes; Account nos.: XXXX2291 &amp; XXXX3447</b>	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Mediquip, Inc.</b>	Case number (if known)
	Name	
2.3	<p>Priority creditor's name and mailing address  <b>NYS Department of Taxation &amp; Finance</b>  <b>Bankruptcy Unit-TCD</b>  <b>Bldg 8 Room 455</b>  <b>Albany, NY 12227</b></p> <p>Date or dates debt was incurred  <b>2019</b></p> <p>Last 4 digits of account number <b>6437</b></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:  <b>Withholding taxes</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
		<b>\$217.96</b>
		<b>\$217.96</b>

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	<p>Nonpriority creditor's name and mailing address  <b>ADP</b>  <b>Two Huntington Quadrangle</b>  <b>Melville, NY 11747</b></p> <p>Date(s) debt was incurred <b>Prior to 10/19</b></p> <p>Last 4 digits of account number <b>_</b></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Services</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$14,000.00</b>
3.2	<p>Nonpriority creditor's name and mailing address  <b>Amanda Ten/Occupational Ten Inc</b>  <b>100 South Fordham Road</b>  <b>Hicksville, NY 11802</b></p> <p>Date(s) debt was incurred <b>Prior to 10/19</b></p> <p>Last 4 digits of account number <b>0738</b></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Loan</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$20,000.00</b>
3.3	<p>Nonpriority creditor's name and mailing address  <b>American Express</b>  <b>PO Box 297814</b>  <b>Ft Lauderdale, FL 33329</b></p> <p>Date(s) debt was incurred <b>Prior to 10/19</b></p> <p>Last 4 digits of account number <b>1005</b></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Credit card</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$26.63</b>
3.4	<p>Nonpriority creditor's name and mailing address  <b>AmerisourceBergen Drug Corporation</b>  <b>1300 Morris Drive</b>  <b>Wayne, PA 19087</b></p> <p>Date(s) debt was incurred <b>Prior to 10/19</b></p> <p>Last 4 digits of account number <b>_</b></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Trade payables</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$8,444.53</b>
3.5	<p>Nonpriority creditor's name and mailing address  <b>Capital One</b>  <b>P.O. Box 30281</b>  <b>Salt Lake City, UT 84130</b></p> <p>Date(s) debt was incurred <b>Prior to 10/19</b></p> <p>Last 4 digits of account number <b>9812</b></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Credit card</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$14,556.63</b>

Debtor	<b>Mediquip, Inc.</b> Name	Case number (if known)
3.6	<p>Nonpriority creditor's name and mailing address  <b>Concordance</b>  <b>60 Distribution Boulevard</b>  <b>Edison, NJ 08817</b></p> <p>Date(s) debt was incurred <u>Prior to 10/19</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Services/goods sold</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.7	<p>Nonpriority creditor's name and mailing address  <b>Deutsche Bank Trust</b>  <b>60 Wall Street</b>  <b>New York, NY 10005</b></p> <p>Date(s) debt was incurred <u>Prior to 10/19</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Financial</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.8	<p>Nonpriority creditor's name and mailing address  <b>Erick Maisonave</b>  <b>Maisonave Business Services</b>  <b>6863 108th Street, Apt. 1B</b>  <b>Forest Hills, NY 11375</b></p> <p>Date(s) debt was incurred <u>Prior to 10/19</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Services/goods sold</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.9	<p>Nonpriority creditor's name and mailing address  <b>Garfunkel Wild, P.C.</b>  <b>111 Great Neck Road, Suite 600</b>  <b>Great Neck, NY 11021</b></p> <p>Date(s) debt was incurred <u>Prior to 10/19</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Services</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.10	<p>Nonpriority creditor's name and mailing address  <b>Global Funding</b>  <b>13240 SW 131st Street</b>  <b>Miami, FL 33186</b></p> <p>Date(s) debt was incurred <u>Prior to 10/19</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Financial</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.11	<p>Nonpriority creditor's name and mailing address  <b>I Kahn Capital</b>  <b>160 Pearl Street</b>  <b>New York, NY 10005</b></p> <p>Date(s) debt was incurred <u>Prior to 10/19</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Financial</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.12	<p>Nonpriority creditor's name and mailing address  <b>Infiniti Medical Solutions LLC</b>  <b>50 Randolph Road</b>  <b>Suite A2</b>  <b>Somerset, NJ 08873</b></p> <p>Date(s) debt was incurred <u>Prior to 10/19</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Equipment rentals</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	<b>Mediquip, Inc.</b>	Case number (if known)	
Name _____			
3.13	Nonpriority creditor's name and mailing address <b>Integrated Medical Systems Inc</b> <b>Frank J Ryan Attorney at Law</b> <b>PO Box 156</b> <b>Oak Forest, IL 60452</b>  Date(s) debt was incurred <u>Prior to 10/19</u>  Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim: Goods sold/property rental</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$62,222.49</b>
3.14	Nonpriority creditor's name and mailing address <b>McKesson Corporation</b> <b>6555 State Highway 161</b> <b>Irving, TX 75039</b>  Date(s) debt was incurred <u>Prior to 10/19</u>  Last 4 digits of account number <u>0420</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim: Goods sold</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$53,353.77</b>
3.15	Nonpriority creditor's name and mailing address <b>Medline Industries Inc</b> <b>Three Lakes Drive</b> <b>Winnetka, IL 60093</b>  Date(s) debt was incurred <u>Prior to 10/19</u>  Last 4 digits of account number <u>4886</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim: Goods sold</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,849.29</b>
3.16	Nonpriority creditor's name and mailing address <b>Neopost USA Inc.</b> <b>478 Wheelers Farms Road</b> <b>Milford, CT 06461</b>  Date(s) debt was incurred <u>Prior to 10/19</u>  Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: Services</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
3.17	Nonpriority creditor's name and mailing address <b>New York State Insurance Fund</b> <b>8 Corporate Center Drive</b> <b>Melville, NY 11747</b>  Date(s) debt was incurred <u>Prior to 10/19</u>  Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: Insurance</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,000.00</b>
3.18	Nonpriority creditor's name and mailing address <b>NYS Department of Labor</b> <b>State Campus</b> <b>Bldg 12 Rm 256</b> <b>Albany, NY 12240</b>  Date(s) debt was incurred <u>Prior to 10/19</u>  Last 4 digits of account number <u>6547</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: Insurance</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$69.32</b>
3.19	Nonpriority creditor's name and mailing address <b>Saps Drug Wholesale Inc</b> <b>651-55 Timpson Place</b> <b>Bronx, NY 10455</b>  Date(s) debt was incurred <u>Prior to 10/19</u>  Last 4 digits of account number <u>0320</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: Goods sold</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$72,867.92</b>

Debtor	<b>Mediquip, Inc.</b>	Case number (if known)
	Name	
3.20	<p>Nonpriority creditor's name and mailing address  <b>Secured Lender Solutions, LLC</b>  <b>P.O. Box 2576</b>  <b>Springfield, IL 62708</b></p> <p>Date(s) debt was incurred <u>Prior to 10/19</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Financial</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.21	<p>Nonpriority creditor's name and mailing address  <b>Staples Inc.</b>  <b>500 Staples Drive</b>  <b>Framingham, MA 01702</b></p> <p>Date(s) debt was incurred <u>Prior to 10/19</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods sold</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.22	<p>Nonpriority creditor's name and mailing address  <b>Sunknowledge Services, Inc.</b>  <b>41 MADison Avenue, Suite 2503</b>  <b>New York, NY 10010</b></p> <p>Date(s) debt was incurred <u>Prior to 10/19</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.23	<p>Nonpriority creditor's name and mailing address  <b>Triple Crown Respiratory Therapy PC</b>  <b>1226 West Broadway</b>  <b>Suite L3</b>  <b>Hewlett, NY 11557</b></p> <p>Date(s) debt was incurred <u>Prior to 10/19</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods sold</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.24	<p>Nonpriority creditor's name and mailing address  <b>Twin Med</b>  <b>121 Enterprise Avenue S</b>  <b>Secaucus, NJ 07094</b></p> <p>Date(s) debt was incurred <u>Prior to 10/19</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods sold</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.25	<p>Nonpriority creditor's name and mailing address  <b>Unishippers</b>  <b>67 West Main Street</b>  <b>Oyster Bay, NY 11771</b></p> <p>Date(s) debt was incurred <u>Prior to 10/19</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.26	<p>Nonpriority creditor's name and mailing address  <b>William Hill</b>  <b>Fred Grafstein PC</b>  <b>2061 Deer Park Avenue</b>  <b>Deer Park, NY 11729</b></p> <p>Date(s) debt was incurred <u>Prior to 10/19</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Former shareholder</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Name	<b>Mediquip, Inc.</b>	Case number (if known)
3.27 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	
<b>Yellowstone Capital LLC</b> <b>160 Pearl Street, 5th Floor</b> <b>New York, NY 10005</b>	<input type="checkbox"/> Contingent	<b>Unknown</b>
Date(s) debt was incurred <u>Prior to 10/19</u>	<input type="checkbox"/> Unliquidated	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> Disputed	
Basis for the claim: <u>Financial</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>American Express</b> <b>Becket &amp; Lee LLP</b> <b>PO Box 3001</b> <b>Malvern, PA 19355</b>	Line <u>3.3</u>  <input type="checkbox"/> Not listed. Explain _____	-
4.2	<b>Capital One Bank by American InfoSource</b> <b>4515 N Santa Fe Avenue</b> <b>Oklahoma City, OK 73118</b>	Line <u>3.5</u>  <input type="checkbox"/> Not listed. Explain _____	-
4.3	<b>McKesson Medical-Surgical Supply Inc</b> <b>Stephanie Hampton</b> <b>6651 Gate Parkway</b> <b>Jacksonville, FL 32256</b>	Line <u>3.14</u>  <input type="checkbox"/> Not listed. Explain _____	-
4.4	<b>Twin Med LLC</b> <b>11333 Greenstone Avenue</b> <b>Santa Fe Springs, CA 90670</b>	Line <u>3.24</u>  <input type="checkbox"/> Not listed. Explain _____	-
4.5	<b>William Hill</b> <b>44 Mulholland Drive</b> <b>North Babylon, NY 11703</b>	Line <u>3.26</u>  <input type="checkbox"/> Not listed. Explain _____	-

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

- 5a. Total claims from Part 1  
5b. Total claims from Part 2

- 5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

Total of claim amounts		
5a.	\$	<b>37,974.84</b>
5b.	+	\$ <b>722,093.26</b>
5c.	\$	<b>760,068.10</b>

**Fill in this information to identify the case:**Debtor name Mediquip, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

## 1. Does the debtor have any executory contracts or unexpired leases?

 No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form. Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

**Lease for commercial space**

State the term remaining

**Expiring April 30, 2024**

List the contract number of any government contract

**Mindie Realty, LLC  
P.O. Box 866  
Brookhaven, NY 11719**

**Fill in this information to identify the case:**

Debtor name Mediquip, Inc.

United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

### 1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

*Check all schedules that apply:*

2.1 Sonia M. Carrero

20 Gardenia Lane  
Levittown, NY 11756

Alpha Capital Source,  
Inc.

D 2.1

E/F \_\_\_\_\_

G \_\_\_\_\_

2.2 Sonia M. Carrero

20 Gardenia Lane  
Levittown, NY 11756

CHTD Company

D 2.2

E/F \_\_\_\_\_

G \_\_\_\_\_

2.3 Sonia M. Carrero

20 Gardenia Lane  
Levittown, NY 11756

De Lage Landen  
Financial Services,  
Inc.

D 2.3

E/F \_\_\_\_\_

G \_\_\_\_\_

2.4 Sonia M. Carrero

20 Gardenia Lane  
Levittown, NY 11756

GFE NY, LLC dba  
Global Funding  
Experts

D 2.4

E/F \_\_\_\_\_

G \_\_\_\_\_

2.5 Sonia M. Carrero

20 Gardenia Lane  
Levittown, NY 11756

H.D. Smith Wholesale  
Drug Company, Inc.

D 2.5

E/F \_\_\_\_\_

G \_\_\_\_\_

Debtor Mediquip, Inc. Case number (if known) \_\_\_\_\_**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6 **Sonia M. Carrero**      **20 Gardenia Lane**  
**Levittown, NY 11756**      **Reliable Fast Cash,**  
**LLC**       D 2.6  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

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2.7 **Sonia M. Carrero**      **20 Gardenia Lane**  
**Levittown, NY 11756**      **Swift Financial LLC**       D 2.7  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

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2.8 **Sonia M. Carrero**      **20 Gardenia Lane**  
**Levittown, NY 11756**      **Tru Capital**       D 2.8  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

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2.9 **Sonia M. Carrero**      **20 Gardenia Lane**  
**Levittown, NY 11756**      **Unknown Company**       D 2.9  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

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2.10 **Sonia M. Carrero**      **20 Gardenia Lane**  
**Levittown, NY 11756**      **Unkonwn Company**       D 2.10  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

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**United States Bankruptcy Court  
Eastern District of New York**

In re Mediquip, Inc.

Debtor(s)

Case No.

Chapter

11

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: March 31, 2021

/s/ Sonia Carrero

Sonia Carrero/Chief Executive Officer  
Signer/Title

Date: March 31, 2021

/s/ Heath S. Berger

Signature of Attorney  
**Heath S. Berger**  
**Berger, Fischoff, Shumer, Wexler & Goodman, LLP**  
**6901 Jericho Turnpike**  
**Suite 230**  
**Syosset, NY 11791**  
**516-747-1136**

ADP  
Two Huntington Quadrangle  
Melville NY 11747

Alpha Capital Source Inc  
Giuliano Law PC  
445 Broadhollow Road  
Suite 25  
Melville NY 11747

Alpha Capital Source, Inc.  
734 West Broadway  
Woodmere NY 11598

Amanda Ten/Occupational Ten Inc  
100 South Fordham Road  
Hicksville NY 11802

American Express  
PO Box 297814  
Ft Lauderdale FL 33329

American Express  
Becket & Lee LLP  
PO Box 3001  
Malvern PA 19355

AmerisourceBergen Drug Corporation  
1300 Morris Drive  
Wayne PA 19087

AmerisourceBergen Drug Corporation  
227 Washington Street  
Conshohocken PA 19428

Capital One  
P.O. Box 30281  
Salt Lake City UT 84130

Capital One Bank by American InfoSource  
4515 N Santa Fe Avenue  
Oklahoma City OK 73118

CHTD Company  
P.O. Box 2576  
Springfield IL 62708

Concordance  
60 Distribution Boulevard  
Edison NJ 08817

De Lage Landen Financial Services, Inc.  
111 Old Eagle School Road  
Wayne PA 19087

Deutsche Bank Trust  
60 Wall Street  
New York NY 10005

Erick Maisonave  
Maisonave Business Services  
6863 108th Street, Apt. 1B  
Forest Hills NY 11375

Garfunkel Wild, P.C.  
111 Great Neck Road, Suite 600  
Great Neck NY 11021

GFE NY, LLC dba Global Funding Experts  
307 W. 38th Street  
Suite 1106  
New York NY 10018

Global Funding  
13240 SW 131st Street  
Miami FL 33186

H.D. Smith Wholesale Drug Company, Inc.  
d/b/a Amerisourcebergen Drug Corporation  
1300 Morris Drive  
Wayne PA 19087

I Kahn Capital  
160 Pearl Street  
New York NY 10005

Infiniti Medical Solutions LLC  
50 Randolph Road  
Suite A2  
Somerset NJ 08873

Integrated Medical Systems Inc  
Frank J Ryan Attorney at Law  
PO Box 156  
Oak Forest IL 60452

IRS  
Centralized Insolvency Operation  
PO Box 7346  
Philadelphia PA 19101-7346

Jacob Verstandig, Esq.  
1459 East 13th Street  
Brooklyn NY 11230

McKesson Corporation  
6555 State Highway 161  
Irving TX 75039

McKesson Medical-Surgical Supply Inc  
Stephanie Hampton  
6651 Gate Parkway  
Jacksonville FL 32256

Medline Industries Inc  
Three Lakes Drive  
Winnetka IL 60093

Mindie Realty, LLC  
P.O. Box 866  
Brookhaven NY 11719

Neopost USA Inc.  
478 Wheelers Farms Road  
Milford CT 06461

New York State Insurance Fund  
8 Coroprate Center Drive  
Melville NY 11747

NYS Department of Labor  
State Campus  
Bldg 12 Rm 256  
Albany NY 12240

NYS Department of Taxation & Finance  
Bankruptcy Unit-TCD  
Bldg 8 Room 455  
Albany NY 12227

NYS Department of Taxation & Finance  
Bankruptcy Unit-TCD  
Bldg 8 Room 455  
Albany NY 12227

Reliable Fast Cash LLC  
Zachter PLLC  
2 University Plaza  
Suite 205  
Hackensack NJ 07601

Reliable Fast Cash, LLC  
262A Albany Avenue  
Brooklyn NY 11213

Saps Drug Wholesale Inc  
651-55 Timpson Place  
Bronx NY 10455

Secured Lender Solutions, LLC  
P.O. Box 2576  
Springfield IL 62708

Sonia M. Carrero  
20 Gardenia Lane  
Levittown NY 11756

Sonia M. Carrero  
20 Gardenia Lane  
Levittown NY 11756

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20 Gardenia Lane  
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Levittown NY 11756

Sonia M. Carrero  
20 Gardenia Lane  
Levittown NY 11756

Staples Inc.  
500 Staples Drive  
Framingham MA 01702

Sunknowledge Services, Inc.  
41 MADison Avenue, Suite 2503  
New York NY 10010

Swift Financial LLC  
as servicing agent for Web Bank  
3505 Silverside Road  
Suite 200  
Wilmington DE 19810

Triple Crown Respiratory Therapy PC  
1226 West Broadway  
Suite L3  
Hewlett NY 11557

Tru Capital  
c/o Jacob Verstandig, Esq.  
1459 E, 13th Street  
Brooklyn NY 11230

Twin Med  
121 Enterprise Avenue S  
Secaucus NJ 07094

Twin Med LLC  
11333 Greenstone Avenue  
Santa Fe Springs CA 90670

Unishippers  
67 West Main Street  
Oyster Bay NY 11771

Unknown Company  
c/o Corporation Service Company  
P.O. Box 2576  
Springfield IL 62708

Unkonwn Company  
c/o Corporation Service Company  
P.O. Box 2576  
Springfield IL 62708

William Hill  
Fred Grafstein PC  
2061 Deer Park Avenue  
Deer Park NY 11729

William Hill  
44 Mulholland Drive  
North Babylon NY 11703

Yellowstone Capital LLC  
160 Pearl Street, 5th Floor  
New York NY 10005